

Request for Military Discharge Papers

(ORS 408.420)

I am requesting access to and _____ ☐ regular / ☐ certified copy(ies) of the
(number of copies)
military discharge papers for the following person:

Name of Veteran: _____ Year of Discharge: _____

Veteran's Date of Birth: _____ **OR** last four digits of Social Security Number: _____

Requested by:

Printed Name: _____

Signature: _____

Requestor's

Relationship to Veteran:

- ☐ Self
- ☐ Spouse
- ☐ Legal Guardian to Military Veteran
- ☐ Personal Representative to Military Veteran
- ☐ County Veteran's Service Officer
- ☐ Representative of Department of Veteran's Affairs
- ☐ Representative of Licensed Funeral Establishment

Address (*Please include City, State and Zip*)

Mail Address, *if different* (*Street or P.O. Box, City, State and Zip*)

Telephone Number: _____ Email: _____

State of _____

County of _____

This request was acknowledged before me on this _____ day of _____, 20____

by _____.

Requestor's Name & Title, if applicable.

Notary Public